## Please fill out this questionnaire and fax it to the U.S. Consulate General Shanghai, Public Affairs Section, at (021) 6279-7603

## **Project Request - Program Description**

Field Requested						
Specialization desired within this field						
opecialization desired within this held						
Other fields of interest if this is an						
interdisciplinary request						
	I					
What types of activities would the specialist be						
Present lectures at graduate and undergrad						
Participate in or lead seminars or workshops						
Conduct needs assessments, surveys, institution						
Take part in specialized academic programs						
Consult with administrators and instructors	or post-secondary institutions on faculty					
Dovolon and/or arrors academic curricula a						
Develop and/or assess academic curricula or educational materials ()  Conduct teacher-training programs at the tertiary level ()						
Other(please describe):	indry level ( )					
1	he hest nossible matches of specialists with					
Program description (In order to provide the best possible matches of specialists with program requests, please be very specific as to the type of and scope of work that the						
specialist would engage in.)						
Program purpose (Describe the program objectives and provide background on the						
issues and institutions involved.)						
Is a serial grant requested? (multiple visits) Yes	s ( ) No ( )					
If so, how many visits are requested? ( )						

Please list the preferred arrival date for each visit in the grid below. Each visit must be between 14-42 days, including travel days. If requesting one visit, just fill in Visit 1.								
Visit	Preferred arrival date (mm/dd/ccyy)							
1			2					
3			4					
	Total Preferred Grant Length ( )							
(Please add total number of days requested for all visits)  Flexibility of time frame/ justification for serial grant: Providing flexibility in the timeframe of the requested project may result in a broader pool of candidates from which to choose. Please describe the extent, in days or months, of the host institution's flexibility. Also, if a serial grant is requested, provide explanation as to the necessity of multiple visits.								
Project Request - Specialist Description								
Basic profile			Academic ( )	Academic ( ) Professional ( ) Either ( )				
Degre	ee							
Years	of teaching expe	erience						
Acad	demic rank							
Lang	uage requiremen	ts						
Audience (One way of determining the level of grantee expertise needed for a program is to know with whom he/she will be working. If the name of the audience doesn't make clear their level of sophistication, please elaborate.)								
Is this a request for a specific individual(Name Request)? Yes ( ) No ( )								
Name of person requested (The requested individual must be a US citizen to apply):								
Title:								
Institu	ution:							
Email:								

Phone:

Provide a brief justification for requesting this person:					
Project Request - Cost Share					
Cost Share Commitment					
Costs for the Fulbright Senior Specialist Program will be shared by ECA/A/E and the host institution. The Office of Academic Exchange Programs will pay for international travel and a daily honorarium to the U.S. Fulbrighter. Host academic institutions will be asked to cover the Fulbrighter's <b>lodging</b> , <b>meals and in-country travel</b> . Commissions or Public Affairs sections will function as program brokers and will normally not contribute to program costs. However, in those cases where a host academic institution is unable to cover its share of program costs, Commissions and Public Affairs sections will be allowed to use					
their own funds to complete the cost-share with ECA/A/E.					
At this time, please confirm the cost-share details to be shared with the Senior Specialist grantee chosen to fill this program request. It is important to note that either the potential host institution or the commission/post must agree to cover the grantee's lodging, meals and in-country travel in order for the request for a Fulbright Senior Specialist to be approved.					
Name:					
Professional Title:					
E-mail:					
Phone:					
Briefly describe the housing arrangements that have been made for the Senior Specialist (Housing for the duration of the stay should be arranged ahead of arrival).:					
Housing is available:					
From Start Date					
Describe arrangements for the Specialists arrival and pickup from the airport, and the name of the person meeting the Specialist:					
Please provide any special notes or instructions to the Senior Specialist regarding incountry details that would be helpful in preparing for his/her arrival:					